STATE OF MAINE

BOARD OF COUNSELING PROFESSIONALS LICENSURE

APPLICATION FOR PASTORAL COUNSELING **LICENSURE**



Department of Professional and Financial Regulation Office of Licensing and Registration 35 State House Station Augusta, ME 04333-0035

> Office Telephone: (207) 624-8674 Office Facsimile: (207) 624-8637 HEARING IMPAIRED (888) 577-6690

E-mail: colleen.a.eugley@maine.gov

Office located at: 122 Northern Avenue, Gardiner, Maine



Board of Counseling Professionals Licensure

35 STATE HOUSE STATION AUGUSTA, MAINE 04333-0035 (888) 577-6690 (HEARING IMPAIRED)

ANNE L. HEAD DIRECTOR

Dear Applicant:

GOVERNOR

The application material you have requested from the Board of Counseling Professionals Licensure is enclosed. It contains all of the information you will need to complete your application. **Please read the forms, the laws and the rules carefully**. Follow the directions in the rules for licensure eligibility requirements appropriate to the category of license for which you are applying. Do not rely solely on the applicant information sheet enclosed. This document is intended to be just a quick checklist and is furnished for your convenience.

If you have questions about the application package you are about to send to us, please feel free to call our office. However, once you have submitted your application, we ask that you refrain from calling the office to inquire about the status of your application. If the application package you submit to us is complete, it will be prepared and presented to the board for official action. If there are deficiencies about your application, it will be returned to you together with a notice that your application is incomplete for the reasons noted. Any application received by the board must be complete before the Board will review it. If all components of the application are not complete 10 days prior to the Board meeting the application will not be reviewed at that Board meeting. Due to the volume of applications being reviewed by the board at any given time, we cannot guarantee a particular review date, but the board will endeavor to expedite the review of your application.

Results of the board's action will not be provided by phone. Therefore, we ask that you refrain from calling our office after the meeting to receive telephone results of board actions. You will be notified, in writing, within two weeks of the board meeting, of the board's decision regarding your application. Calling our office will cause a delay in notifications being prepared for mailing. We appreciate your thoughtful attention to this request.

We wish you well with your application for Maine licensure, and look forward to receiving your material soon.

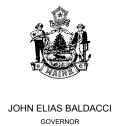
Sincerely, Board of Counseling Professionals Licensure

OFFICE PHONE: (207)624-8674

PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

(888) 577-6690 (HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE



Board of Counseling Professionals Licensure

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LICENSURE – FULL / CONDITIONAL APPLICATION (SEE CHAPTERS 2 -6 OF THE BOARD'S RULES FOR REQUIREMENTS)

A COMPLETE APPLICATION SHALL INCLUDE THE FOLLOWING:

Completed and Signed Application Form. (Attachment 1)
Application fee of \$100.00.
License fee: Permanent License Fee \$300.00 / Conditional License Fee \$150.00.
Criminal History fee of \$15.00
Official Transcript - forwarded directly to the Board by the academic institution holding the
transcript.
Verification of Internship – form completed by university that attests to the number of internship
hours, and also describes the counseling activities, setting, and supervisor credentials of the
internship experience. (Attachment 8).
Applicants for Full Licensure must submit Completed Supervisor's Affidavit forms. (Attachment
6).
Applicants for Conditional Licensure must submit a Proposed Supervision Plan using the
enclosed form. (Attachment 7)
Reference Forms - 3 forms to be completed by professionals in the counseling field and dated
within one year prior to the date of application. (Attachment 5)
Official proof of a passing score on an examination as prescribed in the Rules - forwarded to the
Board directly by the organization holding the test scores or a request for examination.
(Attachment 10) If you are requesting to sit for the exam, please indicate test date on
enclosed form.
A copy of your Disclosure Statement. (Attachment 16)
Education Worksheet for appropriate license applied for - Applicant must also submit a course
brochure/catalog which describes courses. (Attachment 12, 13, 14, or 15)
Applicants for licensure as a Pastoral Counselor must also submit proof of call, appointment or
charge by a church, synagogue, religious order or other clearly defined legal religious organization
to perform these services as a function of ministry.

(NOTE: FEES CAN BE COMBINED AND SUBMITTED AS ONE PAYMENT. IF YOU ARE PAYING BY MONEY ORDER OR BY CHECK, PLEASE MAKE PAYABLE TO: TREASURER, STATE OF MAINE.)

LICENSURE - LICENSED IN ANOTHER JURISDICTION APPLICATION

INSTRUCTIONS FOR APPLICANTS LICENSED IN ANOTHER JURISDICTION (SEE CHAPTER 6 OF THE BOARD'S RULES)

There are three pathways to licensure as outlined below:

Pathway 1: Reciprocal agreement between the State of Maine and another jurisdiction*, or

Pathway 2 – Substantially Equivalent License: Applicant submits evidence of 5 years actively practicing with a substantially equivalent license immediately preceding application that is in good standing, or

Pathway 3 – Substantially Similar Qualifications: Applicant's qualifications are substantially similar to Maine's licensing requirements with a license that is in good standing.

*Currently, the State of Maine Board of Counseling Professionals Licensure has not entered into any reciprocal agreements with other jurisdictions. Therefore, applicants should submit their application according to either Pathway 2 or Pathway 3 if already licensed in another jurisdiction.

PATHWAY 2 APPLICATIONS SHALL INCLUDE THE FOLLOWING:

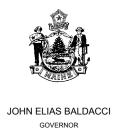
Completed and Signed Application Form. (Attachment 1)
Application fee of \$100.00.
License fee: Permanent License Fee \$300.00.
Criminal History fee of \$15.00.
Official Transcript - forwarded directly to the Board by the academic institution holding the
transcript.
Three reference forms completed by professionals in the counseling field and must be dated
within one year prior to the date of application. (Attachment 5)
A copy of the relevant licensing law and Board rules of the licensing or certifying state of
jurisdiction from which you are applying.
A copy of all mental health licenses under which applicant practiced during the 5 consecutive
years.
Verification of mental health licensure from the jurisdiction(s) in which the applicant was ever
licensed. (Attachment 7)
A copy of your disclosure statement. (Attachment 11)
A resume and summary of applicant's licensed mental health practice.

PATHWAY 3 APPLICATIONS SHALL INCLUDE THE FOLLOWING:

	Completed and Signed Application Form. (Attachment 1)
	Application Fee of \$100.00.
	License Fee: Permanent License Fee \$300.00.
	Criminal History fee of \$15.00.
	Official Transcript - forwarded directly to the Board by the academic institution holding the
	transcript.
	Three reference forms completed by professionals in the counseling field and must be dated
	within one year prior to the date of application. (Attachment 5)
	Verification of Internship – form completed by university that attests to the number of internship
	hours, and also describes the counseling activities, setting, and supervisor credentials of the
	internship experience. (Attachment 8).
	Education Worksheet for appropriate license applied for - Applicant must also submit a course
	brochure/catalog which describes courses. (Attachment 12, 13, 14, or 15)
	Completed Supervisor's Affidavit forms. (Attachment 6).
	Official proof of a passing score on an examination as prescribed in the Rules - forwarded to the
	Board directly by the organization holding the test scores or a request for examination.
	(Attachment 10) If you are requesting to sit for the exam, please indicate test date on
	enclosed form.
	A copy of all mental health licenses under which applicant practiced.
	Verification of all mental health licenses in other states. (Attachment 9)
	A copy of your disclosure statement. (Attachment 16)
(NC	OTE: FEES CAN BE COMBINED AND SUBMITTED AS ONE PAYMENT. IF YOU ARE PAYING BY MONEY
OR	DER OR BY CHECK, PLEASE MAKE PAYABLE TO: TREASURER, STATE OF MAINE.)
	IF YOU ARE CURRENTLY CONDITIONALLY LICENSED
	AND ARE APPLYING FOR FULL LICENSURE YOU MUST INCLUDE THE FOLLOWING:
	Completed and signed Application. (Attachment 1)
	Application fee of \$100.00.
	License fee of \$300.00.
	Submission of evidence of completing the required continuing education activities for current
	conditional licensing cycle.
	A copy of your Disclosure Statement. (Attachment 16)
	Completed Criminal History Form and \$15.00 fee. (Attachment 3)
	Completed and signed Supervisor's Affidavit's Form. (Attachment 6)

PLEASE NOTE:

If you are submitting an application for full licensure near the expiration date of your conditional license, you should include a completed and signed **renewal application** in your application packet to the board. The inclusion of your renewal application is intended to avoid a potential gap in licensure between your conditional license and the board's approval of your application for full licensure. In the event that your renewal application needs to be processed, you will be contacted by the board and will be requested to pay the renewal fee before the renewal application is processed.



Board of Counseling Professionals Licensure

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ANNE L. HEAD

APPLICATION FOR LICENSURE

A LICENSE FEE & AN APPLICATION FEE ARE REQUIRED FOR EACH LICENSE APPLIED FOR

(Make Checks Payable to: Treasurer, State of Maine)

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filling obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

CHECK APPROPRIATE CATEGORY:

7	astoral Counselor
	Standard
	Conditional

☐ Other Jurisdiction

PERSONAL INFORMATION:

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants. Please indicate below any alias or maiden names accordingly.

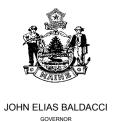
Name		S.S.#	- -	
Mailing Address			City	
State	Zip Code		County	
Daytime Telephone ()	D	ate of Birth	

Workplace _____ Street/P.O. Box _____ State _____ Zip Code _____ Work Telephone () _____ **EDUCATION:** (Official transcripts must be submitted directly from Institution) Institution Name & Address Degree Granted & Date Conferred Institution Name & Address Degree Granted & Date Conferred _____ Institution Name & Address Degree Granted & Date Conferred _____ **COUNSELING EXPERIENCE:** 1. Workplace Name Address _____ Dates Employed 2. Workplace Name Address _____ Dates Employed 3. Workplace Name_____ Dates Employed SUPERVISORS: (Applicants for Conditional license must submit a written plan for completing supervision) Name _____ Name Address _____

WORK INFORMATION:

<u>CREDENTIALING HISTORY:</u> (If you answer YES on any of #2 - #5, please attach an explanation of each on a separate sheet)

1.	Have you ever held a professional license/certification/registration in this or any other state/country? [] YES [] NO				
	If yes, what profession?				
	Where?	Expiration Da	te		
2.	Has your license/certification/registration or professional membership ever been disciplined? [] YES [] NO				
3.	Have you ever been convicted of a	crime other than a minor tr	raffic violation? []YES []NO		
	If yes, please describe in detail the judgment(s) as well as a letter from conviction.				
4.	Do you have pending against you are organization? [] YES [] No		latory board or professional		
5.	Have you ever been or are you currently a defendant in a civil proceeding related to your professional activities? [] YES [] NO				
6.	Have you ever taken a Counseling E	Examination? [] YES	[] NO		
	If yes: Where?	Which Exam?	Date Taken?		
LICE	ENSED IN ANOTHER JURISDICTION	: (See Chapter 6 of the I	Board Rules)		
Licen	nse Issue Date	State/Countr	у		
Issuin	ing Authority				
Have	e you taken a qualifying examination ir	any other state? [] Y	ES [] NO		
If yes	s: Where? W	hich Exam?	Date Taken?		
IS TR	HAVE READ AND COMPLETED THIS APPLICATION AND I ATTEST THAT ALL INFORMATION S TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE TO FOLLOW THE CODE OF ETHICS AS APPROVED BY THE BOARD.				
SIGN	NEDAt	DATE_			
	At	acnment 1-Page 3			



Board of Counseling Professionals Licensure

35 STATE HOUSE STATION
AUGUSTA, MAINE
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(888) 577-6690 (HEARING IMPAIRED)

ANNE L. HEAD

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

NAME:							
ADDRESS:_	ADDRESS:						
PHONE: ()	SOCIAL SECURITY #	!				
(CHECK ALL ACCESSI SEPARAT BRAILLE LARGE P TAPE READER SCRIBE/A READER SCRIBE/A SCRIBE/A SIGN LAN EXTENDE TIME-ANI DOUBLE MORE TH USE OF (THAT APPLY BLE TESTING TE TESTING A RINT AS ACCOMMO AMANUENSIS AS ACCOMMO ANANUESIS AS IGUAGE INTE ED TIME D-A-HALF TIME HAN DOUBLE COMPUTER O	SITE REA DDATION FOR VISUAL IMPAIRMENT AS ACCOMMODATION FOR VISUAL O DDATION FOR LEARNING DISABILITY S ACCOMMODATION FOR LEARNING	OR MOTOR IMPAIRMENT DISABILITY ECIFY):				
SIGNED:			DATE:				
		Attachment 4-Page 1	LAL DOOLINAENTATION				

SOME ACCOMMODATION REQUESTS MAY REQUIRE ADDITIONAL DOCUMENTATION (see page 2)



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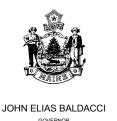
FAX: (207)624-8637

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known	since	in my capacity as a
I have known(test applicant)	(date)	
(professional title)		
The applicant has discussed with me because of this applicant's disability, h (check all that apply)		
 □ TAPED TEST □ LARGE PRINT TEST □ READER □ SCRIBE/AMANUENSIS □ EXTENDED TIME: □ TIME-AND-A-HALF □ DOUBLE TIME □ MORE THAN DOUBLE TIME (PLE □ SEPARATE TESTING AREA □ USE OF COMPUTER OR OTHER 	,	ASE SPECIFY):
OTHER (PLEASE SPECIFY):		
SIGNED:	TITLE:	
DATE:	LICENSE # (if applicable)	:



Board of Counseling Professionals Licensure

35 STATE HOUSE STATION AUGUSTA, MAINE 04333-0035 (888) 577-6690 (HEARING IMPAIRED)

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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

	Mailing Address: (applicant fees being paid for)					
City:	Zip Code:					
County:	Telephone #	: ()				
Name of cardholder: (if other than applicant)						
Mailing Address: (if other than applicant)						
City:	State:	Zip Code:				
nsing and Registration t		and Financial Regulation, Office of				
		Card number of: \$				
ration date:						



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Board of Counseling Professionals Licensure

35 STATE HOUSE STATION AUGUSTA, MAINE 04333-0035 (888) 577-6690 (HEARING IMPAIRED)

ANNE L. HEAD DIRECTOR

REFERENCE FORM

EACH APPLICANT MUST HAVE ONE FORM COMPLETED BY THREE DIFFERENT COUNSELING PROFESSIONALS. **PLEASE PRINT OR TYPE**

Name of applicant			SS#
Address		City	
State	ZipCode	Phone#(
Name of Counseling Profess	ional		
Address		City	
State	Zip Code	Phone#(
Professional title			
Relationship to Applicant			· · · · · · · · · · · · · · · · · · ·
It is required that each applic engage in the practice of cou		•	
Do you believe that the all competence? Yes No		emonstrates trustworth	iness, ethical integrity and
COMMENTS:			
Signature of Counseling Pro	fessional Attachn		Date
	Attaorii	7	
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OFFICE PHONE: (207)624-8674

STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

Board of Counseling Professionals Licensure

35 STATE HOUSE STATION AUGUSTA, MAINE 04333-0035 (888) 577-6690 (HEARING IMPAIRED)

ANNE L. HEAD DIRECTOR

FAX: (207)624-8637

REFERENCE FORM

EACH APPLICANT MUST HAVE ONE FORM COMPLETED BY THREE DIFFERENT COUNSELING PROFESSIONALS. **PLEASE PRINT OR TYPE**

Name of applicant		SS#		
Address		City		
State	ZipCode	Phone#() _	-
Name of Counseling Pro	fessional			
Address		City		
State	Zip Code	Phone#()	
Professional title				
•	pplicant shall demonstrate tr counseling in such a manne	•		•
Do you believe that the competence? Yes	e above said applicant de No	monstrates trustworth	niness, eth	nical integrity and
COMMENTS:				
Signature of Counseling	Professional Attachm	ent 5	D	ate
	<u> </u>	}		

OFFICES LOCATED AT: 122 NORTHERN AVENUE,

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REFERENCE FORM

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Name of applicant		SS#		
Address		City	y	
State	ZipCode	Phone#(
Name of Counseling Prof	essional			
Address		City	y	
State	Zip Code	Phone#(
Professional title				
Relationship to Applicant				
	oplicant shall demonstrate to counseling in such a manne		I integrity and competence to interests of the public.	
Do you believe that the competence? Yes	• • •	emonstrates trustwort	hiness, ethical integrity and	
COMMENTS:				
		· · · · · · · · · · · · · · · · · · ·		
Signature of Counseling	Professional		Date	
	Attachm	nent 5		
	· ·	· L		



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Board of Counseling Professionals Licensure

35 STATE HOUSE STATION
AUGUSTA, MAINE
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FAX: (207)624-8637

SUPERVISOR'S AFFIDAVIT: To be completed by supervisor in accordance with Chapters 2 through 6 of the Board's Rules

(Please print or type) New Applicant	or Conditiona	lly licensed		
Name of Applicant	ame of ApplicantSS#			
Name of Approved Supervisor				
Supervisor's License Title and Number				
State of LicensureOriginal Date	Expiration Date	Years in Practice		
Facility or Agency				
Address	City	State		
AddressCounty	Τ	elephone #		
IN WHICH SPECIALTY AREA: (Please check)				
Clinical Professional Counselor		nselor		
Marriage and Family Therapist	Pastoral Counsel	or		
SUPERVISION (List number of hours)				
Individual Group Supervision	l otal number of su	pervision hours		
SUPERVISED EXPERIENCE (List number of ho	ours) [*]			
Hours of direct counseling with individuals	couplesfar	milies groups		
Total hours of direct counseling Supervised experience in counseling other than		a companier a		
Supervised experience in counseling other than	the direct provision of c	ounseling		
Total number of hours of supervised experience				
On the supervisor's stationary, signed and d	atad places comment	on the following:		
1. Please describe the applicant's functions in terms of prevention, diagnosis and treatment of mental illness/disorders and psychosocial treatment: (For the clinical licenses only – LCPC,				
LMFT, Pastoral).				
 Please state briefly the licensee's personal character, ethical conduct, and competence: 				
3. Please comment on the licensee's ability to function as a counselor (i.e. strengths and				
weaknesses):				
weakiiesses).				
I HEREBY ATTEST THAT THE ABOVE-NAMED) APPLICANT IS/WAS I	JNDER MY SUPERVISON		
FROM THE PERIOD OFTO I ATTEST THAT ALL				
INFORMATION IS TRUE TO THE BEST OF MY				
Supervisor's Signature		Date		
Applicant's Signature_				
.,				
Atta	chment 6			
	(2)			



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PROPOSED SUPERVISION PLAN CONDITIONAL COUNSELOR LICENSURE

NAME OF APPLICANT:	
S.S.#:	
	SUPERVISION PLAN
NAME OF SUPERVISOR:	
	S.S. #:
TITLE:	FIRST DATE OF ISSUE:
FACILITY OR AGENCY:	
WORK TELEPHONE NUMBER:	
	30 HOURS OF DIRECT COUNSELING SERVICE. HAT COVER THE FOLLOWING: (Use separate sheet if needed)
GOALS OF PLAN:	
OBJECTIVES OF PLAN:	
IF PROVIDING CLINICAL SUPERVISION FAND TREATMENT:	OR A CLINCIAL LICENSE - PLEASE FOCUS ON DIAGNOSIS
I HEREBY ATTEST THAT THE ABOVE THE PERIOD BEGINNING INFORMATION IS TRUE TO THE BEST	NAMED APPLICANT IS UNDER MY SUPERVISION FOR I ATTEST THAT ALL OF THE OF MY KNOWLEDGE.
Supervisor's Signature	Date
Applicant's Signature	Date
	Attachment 7-Page 1
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OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE

APPROVED SUPERVISOR FORM

NAME OF SUPERVISOR:	
LIST THE NUMBER OF YEAR OF COUNSELING CLINICAL, MARRIAGE & FAMILY THERAPY, FOUNDERVISION:	PASTORAL) WHICH YOU INTEND TO DO
	ELING SUPERVISION:
AND/OR	
	F EXPERIENCES IN PROVIDING SUPERVISION
PROVIDE A SEPARATE WRITTEN STATEMEI PHILOSOPHY, ORIENTATION AND EXPERIE	
I HEREBY ATTEST THAT ALL THE INFORMATION KNOWLEDGE.	TION ABOVE IS TRUE TO THE BEST OF MY
Supervisor's Signature	Date



Board of Counseling Professionals Licensure

35 STATE HOUSE STATION
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(888) 577-6690 (HEARING IMPAIRED)

ANNE L. HEAD
DIRECTOR

DEGREE/INTERNSHIP VERIFICATION FORM

Division of Licensing & Enforcement 35 State House Station Augusta, ME 04333	censure Date:
Student Name:	SS#
Institution:	
Address:	
I	Degree Verification
Date of Graduation:Pro	gram:
Degree Awarded:Acc	creditation:
Concentration in which degree was aware	ded:
In	ternship Verification
Dates of Internship:Direct Client	Contact Hours: Total Contact Hours:
or were not clinical in nature ("clinical" is disorders).	hether the counseling activities, setting, and supervisor were defined as the diagnosis and treatment of mental health
Signature of Person Verifying Degree/Inte	ernship:
Please Print Name:	Title:
Department:	Date:

Attachment 8



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VERIFICATION OF LICENSURE IN OTHER STATE

DIRECTIONS TO APPLICANT:

Complete front portion of form and forward one to each state where you hold or have held a license to practice counseling, family therapy or pastoral counseling.

To:State Board	I am applying for a license in the State of
Maine to practice as a	I was granted license #
license type on _	by the State of
The Maine Board of Counseling Profelicense in the State of	essionals Licensure requests that I submit verification that my is in good standing.
•	any information in your files, favorable or otherwise, directly to ssionals Licensure. Your early attention is appreciated.
	Signature:
	Print Name:
	Date:
before mailing.	ge 2 to be completed by State)

Attachment 9-Page 1



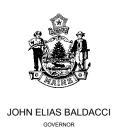
OFFICE PHONE: (207)624-8674

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DIRECTIONS TO STATE BOARD: Please complete and return form to the following address: MAINE BOARD OF COUNSELING PROFESSIONALS LICENSURE #35 STATE HOUSE STATION AUGUSTA, MAINE 04333

Name of Licensee:		License Type:
License #:		Date Issued:
License Current: Yes	No	Expiration Date:
Name of Exam Taken:		Date Exam Passed:
If no exam was taken, how w 1. Grandfathered:		ed? nent/Comity: State:
What were the requirements	for education and	supervision at the time the license was issued?
Are there any pending compl	aints against this	licensee?
Yes No	_	
Have there been any other a	ctions taken agair	nst this licensee?
Yes No	_	
Explanation of above if answ	er is yes:	_
	Signature ar	d Title:
State Board Seal	Date:	

Attachment 9-Page 2



Board of Counseling Professionals Licensure

35 STATE HOUSE STATION
AUGUSTA, MAINE
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ANNE L. HEAD

EXAMINATION

APPLICANTS WHO APPLY FOR EXAMINATION MUST SUBMIT ALL MATERIALS REQUIRED FOR LICENSURE BEFORE APPROVAL TO SIT FOR AN EXAMINATION WILL BE GRANTED. APPLICATION FOR EXAMINATION MUST BE SUBMITTED AT LEAST 90 DAYS PRIOR TO EXAM.

APPLICATION FEES MAY BE PAID BY CHECK. CHECKS ARE TO BE MADE PAYABLE TO THE "MAINE STATE TREASURER".

THE BOARD DOES NOT TAKE AN ADVISORY ROLE IN AN APPLICANT'S COURSE SELECTION. TO DETERMINE IF YOU HAVE MET THE MINIMUM REQUIRED CORE COURSES AND/OR IF YOU QUALIFY FOR LICENSURE, PLEASE CAREFULLY READ THE BOARD'S LAW AND RULES.

BOARD MEETINGS ARE USUALLY HELD THE FOURTH MONDAY OF EACH MONTH. IN ORDER TO BE REVIEWED, APPLICATIONS MUST BE RECEIVED AT LEAST 2 WEEKS PRIOR TO THE BOARD MEETING.

YOU WILL BE INFORMED OF THE RESULTS OF THE APPLICATION IN WRITING APPROXIMATELY TWO WEEKS AFTER THE BOARD MEETING. RESULTS OF THE APPLICATION REVIEW WILL NOT BE GIVEN OVER THE TELEPHONE.



OFFICE PHONE: (207)624-8674

FAX: (207)624-8637



Board of Counseling Professionals Licensure

35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(888) 577-6690 (HEARING IMPAIRED)

ANNE L. HEAD

REQUEST FOR EXAMINATION APPLICANTS WHO APPLY FOR EXAMINATION MUST SUBMIT ALL MATERIALS REQUIRED FOR LICENSURE BEFORE APPROVAL TO SIT FOR AN EXAMINATION WILL BE GRANTED.

Please check the appropriate examination, fill in the information requested below and <u>return this</u> <u>form</u> will all other required application materials to the Maine Board of Counseling Professionals Licensure, 35 State House Station, Augusta, ME 04333.

Applicant for licensure as a Professional Counselor, Clinical Professional Counselor, or Pastoral Counselor: Exam Date: 01/21/2006 (**NCE**) App. deadline: 10/18/2005 App. deadline: 01/16/2006 Exam Date: 04/22/2006 App. deadline: 04/17/2006 Exam Date: 07/22/2006 App. deadline: 07/17/2006 Exam date: 10/21/2006 Applicant for licensure as a Marriage and Family Therapist: (PES) App. Deadline: 10/24/2005 Exam Date: 01/16/2006 to 02/11/2006 App. Deadline: 02/20/2006 Exam Date: 05/15/2006 to 06/10/2006 App. Deadline: 06/26/2006 Exam Date: 09/11/2006 to 10/07/2006 If you require special accommodations, please fill out the Accommodation Request Form and return it with your application materials. (Please Print) NAME: _______ ADDRESS: DATE OF BIRTH:_____ SOCIAL SECURITY #:____ DATE: TELPEHONE #: work home

Attachment 10



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ANNE L. HEAD

PREPARATION GUIDE FOR THE NATIONAL COUNSELOR EXAMINATION FOR LICENSURE AND CERTIFICATION (NCE)

The Official Guide for the NCE

- Describes the NCE
- Answers commonly asked questions about the NCE
- Suggests test-taking strategies
- Helps you assess your strengths & weaknesses regarding the subject matter covered by the exam
- Assists you in setting study priorities
- Lists over 40 potential resources for study and review
- Provides 134 practice examination questions
- Includes 38 former examination questions with justified responses

Developed and distributed by the National Board for Certified Counselors (NBCC), this guide will help you understand and prepare for the National Counselor Examination for Licensure and Certification (NCE). In an effort to reduce anxiety regarding the examination, we have tried to anticipate your questions about the nature of the examination and the testing procedures.

Price: \$24.95 (Price includes postage and handling)

To order your preparation guide for the NCE, please detach the bottom portion of this form and mail it with your check, money order, or credit card information to:

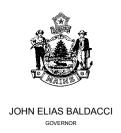
NBCC/NCE Preparation Guide 3-D Terrace Way Greensboro, NC 27403

	Gree	ensboro, NC 27403	
Please send me co		REPARATION GUIDE for the NATIONAL IFICATION.	COUNSELOR
charge my: [] VISA []	MASTER C	rable to NBCC in the amount of ARD [] AMERICAN EXPRESS _Account #:	
Expiration Date:		Amount Charged:	
Send preparation guide to:	Name		
	Address		
	Telephon	 ne	
		Attachment 11	
		3	

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ANNE L. HEAD

Educational Requirements Worksheet for Licensed Pastoral Counselor

INSTRUCTIONS: Place the relevant course(s) from your transcripts into the appropriate category on the worksheet. The degree requirement is a minimum 20 semester hours or quarter-hour equivalent that satisfies each of the areas of study below. A course may not be used twice to fulfill more than one content area. NOTE: You must attach a college catalog, description or syllabus to substantiate the specific material included in each course listed on the worksheet.

Content Area	Course No.	Course Title	Credit Hours Qrt. Sem.
A. Pastoral Theology and Psychology	NO.		Qrt. Geni.
B. Testing and Measurement or Research Methods			
C. Studies in two of the following areas:			
 Basic pastoral care Crisis Intervention Cross-cultural Issues Faith Development Grief Counseling 			
6. Helping Relationships7. History of Pastoral Care and Counseling8. Hospital Ministry			
9. Life Cycle Ritual10. Psychology of Religion11. Professional Orientation12. Spiritual Direction			
13. Human Growth and Development 14. Theories of Counseling			

Licensed Pastoral Counselor Educational Worksheet (Cont.)

D. Studies in at least one of the following:		
 Psychopathology Clinical/pastoral assessment, and Diagnosis and Treatment 		
E. Professional Ethics		
F. Clinical Pastoral Education*		

Educational Requirements for Licensed Pastoral Counselor

Chapter 5, Section 2(F)

<u>Clinical Pastoral Education</u>: One unit of 400 contact hours in clinical pastoral education in a program accredited by ACPE. This is a supervised internship in ministry to persons in crisis. Development of a pastoral identity and the integration of the person of the student chaplain in to the ministry is a central goal. A typical program of clinical pastoral education would include ministry to individuals and their families, written reports of visits reviewed in individual and/or group supervision, group dynamics sessions, and didactic seminars. The ministry is in the context of teamwork and other professionals.

Attachment 15-Page 2



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^{*} Denotes that definition is contained on the following page.



Board of Counseling Professionals Licensure

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AUGUSTA, MAINE
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ANNE L. HEAD

SUGGESTED FORMAT FOR DISCLOSURE STATEMENT

Disclosure Statement

A. Name, M.S.

Such-and-such Counseling Service

555 Main Street

City, Maine (207) 666-7777

B. Degree: Highest degree and related field of study

Licensure: Please indicate here the license/registration type, original or renewal license, and the projected begin and end date of license term (2 year cycle). (If conditionally licensed, please indicate).

(Example: LCPC, original: 9/03 expiration: 9/05)

- **C. Areas of competence** I am trained for work with individuals, couples, and(continued concisely, but with a much detail as necessary to give clients an idea of the range of your skills and scope of your license/registration).
- **D.** Course of Action- At the first interview(Include a description of your usual process of intake, assessment, and goal setting. If clinically licensed, please also explain your process for diagnosing and treating. This is designed to give your prospective client an idea of what to expect in counseling).
- **E. Confidentiality** A statement indicating the limits and scope of confidentiality. The following exceptions **must** be included:
 - 1. Threat of serious harm to self or others.
 - 2. Reasonable suspicion of child abuse, or abuse of elder or any incapacitated person.
 - 3. Court order.
 - 4. Voluntary release signed by client or guardian.
 - 5. In defense against legal action or formal complaint which client makes before a court or regulatory board.
 - 6. During supervisory consultations.
- **F. Supervision** A statement indicating supervision arrangement of counselor, when applicable.
- **G. Fee schedule, hours of business, policy regarding third party payments** explained with words that are clearly understood.
- H. Accountability A statement to the effect that "the practice of counseling is regulated by the Department of Professional and Finance Regulation, and complaints may be registered by contacting: Board of Counseling Professionals Licensure

35 State House Station Augusta, ME 04333 (207) 624-8674

Attachment 16



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